

<b>CIVIL ACTION COVER SHEET</b>	TRIAL COURT OF MASSACHUSETTS SUPERIOR COURT DEPARTMENT COUNTY: <u>MIDDLESEX</u>	MICV DOCKET NO. <u>2009-02039</u>		
<b>PLAINTIFF(S)</b> <u>JOHN CORBETT</u>	<b>DEFENDANT(S)</b> <u>① RED HAWK INDUSTRIES, LLC</u> <u>② RAHUL CHAI, INDIVIDUALLY</u> <u>③ HAROLD FOLSON, INDIVIDUALLY</u>			
ATTORNEY, FIRM NAME, ADDRESS AND TELEPHONE <u>TOO B BARNETT BBO # 643185</u> <u>RYAN CIPORKIN BBO # 667479</u> <u>CORBETT BARNETT &amp; BELFORD, P.C.</u> <u>24 THORNDIKE STREET, SUITE 300</u> <u>CAMBRIDGE, MA 02141</u> <u>(617) 577-8800</u>	ATTORNEY (IF KNOWN)			
Place an x in one box only:				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> 1. F01 Original Complaint  <input type="checkbox"/> 2. F02 Removal to Sup.Ct. C.231,s.104 (Before trial)  <input type="checkbox"/> 3. F03 Retransfer to Sup.Ct. C.231,s.102C (X)         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 4. F04 District Court Appeal c.231, s. 97 &amp; 104 (After trial) (X)  <input type="checkbox"/> 5. F05 Reactivated after rescript; relief from judgment/ Order (Mass.R.Civ.P. 60) (X)  <input type="checkbox"/> 6. E10 Summary Process Appeal (X)         </td> </tr> </table>			<input checked="" type="checkbox"/> 1. F01 Original Complaint <input type="checkbox"/> 2. F02 Removal to Sup.Ct. C.231,s.104 (Before trial) <input type="checkbox"/> 3. F03 Retransfer to Sup.Ct. C.231,s.102C (X)	<input type="checkbox"/> 4. F04 District Court Appeal c.231, s. 97 & 104 (After trial) (X) <input type="checkbox"/> 5. F05 Reactivated after rescript; relief from judgment/ Order (Mass.R.Civ.P. 60) (X) <input type="checkbox"/> 6. E10 Summary Process Appeal (X)
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<b>Origin code and track designation</b>				
CODE NO. <u>A01</u>	TYPE OF ACTION (specify) <u>SERVICES PERFORMED</u>	TRACK <u>F</u>		
TYPE OF ACTION AND TRACK DESIGNATION (See reverse side)		IS THIS A JURY CASE? <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">           Yes/No         </div>		
The following is a full, itemized and detailed statement of the facts on which plaintiff relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.				
<b>TORT CLAIMS</b> (Attach additional sheets as necessary)				
A. Documented medical expenses to date:				
1. Total hospital expenses	\$			
2. Total Doctor expenses	\$			
3. Total chiropractic expenses	\$			
4. Total physical therapy expenses	\$			
5. Total other expenses (describe)	\$			
		Subtotal		
B. Documented lost wages and compensation to date	\$			
C. Documented property damages to date	\$			
D. Reasonably anticipated future medical and hospital expenses	\$			
E. Reasonably anticipated lost wages	\$			
F. Other documented items of damages (describe)	\$			
G. Brief description of plaintiff's injury, including nature and extent of injury (describe)	\$			
Total \$				
<b>CONTRACT CLAIMS</b> (Attach additional sheets as necessary)				
Provide a detailed description of claim(s): <u>DEFENDANTS FAILED AND/OR REFUSED TO PAY COMMISSIONS TO PLAINTIFF, WHICH WERE EARNED DUE, AND OWING, FOLLOWING HIS TERMINATION OF EMPLOYMENT.</u>				
		TOTAL \$ <u>28,638.47</u>		
PLEASE IDENTIFY, BY CASE NUMBER, NAME AND COUNTY, ANY RELATED ACTION PENDING IN THE SUPERIOR COURT DEPARTMENT				
"I hereby certify that I have complied with the requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods."				
Signature of Attorney of Record <u>[Signature]</u>		Date: <u>5/26/09</u>		